



Public Health Committee

February 27, 2013

Testimony in support of Proposed HB 5746, An Act Concerning a Task Force on Childhood Obesity

Senator Gerratana, Representative Johnson and members of the Public Health Committee. My name is Lucy Nolan and I am the executive director of End Hunger Connecticut!, a statewide anti-hunger and food security organization. I also sit on the steering committee of the Connecticut Coalition Against Childhood Obesity. I am here today in support of HB 5746, An Act Concerning a Task Force on Childhood Obesity.

In 2009 and 2010 I co-chaired the Task Force on Child and Adult Obesity for the Sustinet Health Plan. The Task Force was charged with the following:

1. Examine evidence based strategies for preventing and reducing obesity in children and adults and develop a comprehensive plan that will effectuate a reduction in obesity among children and adults
2. Develop recommendations in the context of overall Sustinet goals:
 - improve the health of state residents
 - improve the quality of health care and access to health care
 - slow the growth of per capita health care spending
 - promote effective management of chronic illness
 - promote effective preventive care
 - reduce racial and ethnic disparities as related to health care and health outcomes.
3. Submit a report containing its recommendations to the Sustinet board by July 1, 2010.

We heard from many stakeholders and came up with some very specific recommendations. One of which was to have a permanent Adult and Child Obesity Council. I have attached that recommendation to this testimony. We developed a good plan, with the appropriate stakeholders to be involved.

I fear that our recommendations fell down the rabbit hole of so many recommendations by these types of Task Forces, and never saw the light of day. So, why would I promote the same thing? I believe that if this committee legislated a Task Force that had members of this committee sit on, as well as a mechanism for reporting back that there would be action taken.

Given the long term health and economic issues that obesity brings to this state, it is imperative that we get ahead of it now. Last December our coalition hosted a forum on childhood obesity here, at the LOB. Many people who were interested in the issue of childhood obesity attended it. Speakers included the Commissioner of Education Stephan Pryor, Commissioner of Public Health Jewel Mullen, Senate Pro Tempore Donald Williams and Kelly Brownell from the Rudd Center for Obesity and Food Policy at Yale. We had a panel of speakers who represented issue areas for obesity, from early childcare, school, nutrition, exercise and community. Their participation really sparked some ideas and some discussions. The information was tremendous and created some policy initiatives before the legislature this year.

The legislature and this committee must be engaged in the issue of obesity in the state. We have seen the reach of Task Forces and what they can accomplish just in the recent past. The Speaker's Task Force on Children and the Recession and the Task Force on a Children's RBA Report Card are just two examples. I sat and participated in both. These committees were able to make some lasting change, and move policy in this state. It was done because there was legislative might on the task forces that moved the issue along.

I know you have heard from others today about the issue of obesity in the state. We know it's an issue and we know we need to work together to promote policies that can affect the growth of the issue. I appreciate your support for this legislation.

Thank you.

V. Recommendations

Recommendation #1: Convene statewide policy making and oversight groups; move towards achieving statutory authority

1.(a). The current Childhood Obesity Council must move forward immediately.

As noted below, we recommend that the current Childhood Obesity Council should be strengthened and turned into a permanent council with statutory authority. However, in the meantime, we strongly recommend that the existing council be reactivated so it can continue its productive line of work. Specific recommendations that can be addressed immediately include:

Tracking and Communication

- Create an information packet on all relevant state agency programs.
- Update materials and distribute them widely.
- Plan a council-led roundtable of all local childhood obesity coalitions. The purpose is to create partnerships and coordination among disparate efforts – not just among state agencies but also among the growing number of interested municipalities and nonprofit groups. There are local coalition efforts in Hartford, New Haven, Danbury, Stamford, Torrington and elsewhere that are growing stronger by the week. Everyone is chasing federal and private dollars to their own benefit, but a coordinated team would benefit all.
- Engage in a cross-agency RBA process to set goals, share agency plans and coordinate actions.
- Add the non-governmental members the group committed to add last spring. Establish the action teams announced in the spring of 2009 but which were not implemented on (1) data, (2) medical home, (3) menu labeling, (4) school/community and (5) policy development.
- Revisit the BMI proposal, re-assess other states' experiences, and reintroduce the bill.
- Incorporate emerging best practices into inter-agency projects through master contracting and memoranda of understanding.

- Conduct a regional listening tour in coordination with local obesity prevention coalitions
- Engage all 10 state agencies to analyze each of the 116 policy recommendations of the 2008 conference in a formal policy review (see http://www.cga.ct.gov/coc/obesity_forum.htm).
- Develop a public outreach campaign, starting with donated public-service announcement time as the Commission on Children and Connecticut Conference of Municipalities did in 2006.
- Conduct a leadership survey of other states' obesity coordination efforts.

Grant Coordinating

- Apply for foundation funds on behalf of the Council.
- Serve as a team to prepare cross-agency applications for federal funding through the federal stimulus and other opportunities. Our state will stand a better chance with a multi-agency application and the coordinating strength of its Childhood Obesity Council.

Cost: Minimum \$20,000 a year for council operation. Additional funding if the council assumes grant-making authority.

Leaders: Council chair with support from legislators and executive branch leaders.

Timeline: Immediate action by existing Childhood Obesity Council to achieve the 13 objectives listed above. Establishment of a statutorily authorized council would require action in the next legislative session.

Impact: Improved government response to obesity issues, establishment of a council that has statutory authority and cannot be compromised by executive branch inaction.

Measurable indicators for RBA:

1. The amount of communication that occurs throughout the state about obesity related efforts – number of people reached.
2. The amount of grant funding brought into the state for obesity related programs and policies

Recommendation #1b: Create and Support a Permanent Council on Childhood and Adult Obesity.

Why is a permanent council with statutory authority needed?

The problem of obesity cuts across all age groups and the missions of many state departments. While the Department of Public Health and the Department of Education have the most direct influence over relevant policies (including the federal food programs, licensing child care centers, regulating restaurants), other departments play important roles. Examples include the Department of Agriculture (e.g., Farm to School efforts); the Department of Transportation (e.g., "complete street" initiatives), and the Department of Social Services (e.g., Supplemental Nutrition Assistance Program [SNAP] and The Emergency Food Assistance Program [TEFAP]).

The work that has been done by the existing Childhood Obesity Council has been extensive and noteworthy, as the Task Force learned from presentations by Thomas Brooks and Mario Garcia. To be more effective, however, this council must be expanded and provided with the authority they need to promote further changes in the state. The council will need adequate funding to support its day to day activities as well as authority to manage additional funding provided within the state for state-wide obesity related initiatives.

The Permanent Council on Child and Adult Obesity could be modeled after the Connecticut Medicaid Managed Care Council. As a collaborative body of legislators, consumers, advocates, health care providers, and state agencies, the Obesity Council can advise both state agencies and the legislature on strategies to promote environmental change and better access to health care for currently obese individuals.

Who should be members of the permanent council?

- **Legislative branch members:** It is critical that legislators, not just their designees, participate in this council. We recommend appointing members from the following committees: Select Committee on Children, Public Health, Human Services, Education, Environment, and Transportation. We also recommend that the Commission on Children continue as a council member.
- **Executive branch agencies,** including DPH, OPM, DCF, SDE, DOA, DSS, DEP, and DOT.
- **Advocacy and other non-governmental organizations:** Connecticut already has a number of active organizations that work

directly on issues relevant to obesity policy. Examples include: End Hunger, CT!, Action for Healthy Kids, the Connecticut Dietetic Association, CT Association for Health, Physical Education, Recreation and Dance, CT Food Policy Council, Connecticut Public Health Association, School Nutrition Association of Connecticut, and state chapters of the American Academy of Pediatrics, American Cancer Society, American Heart Association, and AARP.

- **School and Community Representatives** - A school superintendent, parent, young person, zoning expert, expert on parks and recreation, representative from youth-focused groups, such as the Girl Scouts.
- **Academic researchers and institutes:** Some examples include the CT Public Health Policy Institute and the Rudd Center for Food Policy and Obesity.

Core functions of the Council:

- **Track national and state efforts.** Due to the First Lady's childhood obesity initiative, this issue has gained national exposure and keen interest from the federal government. The Council will be responsible for tracking policy efforts occurring in other states and at the national level so that Connecticut can stay informed and prepared to move forward quickly as new effective strategies emerge. Further, the council will be responsible for maintaining current information on obesity related local efforts throughout the state and screening the landscape to see what resources already exist.
- **Communicate relevant information throughout the state.** The Council will use in-person meetings, webinars, newsletters, and e mail alerts to keep all stakeholders informed and up to date on what is happening in Connecticut and outside the state to address obesity.
- **Coordinate grant applications.** There is federal money available to address obesity from a number of agencies and Connecticut has the potential to obtain significant federal funds if we can coordinate our efforts.
- **Guide state administrative and legislature policy.** As the task force learned, there are dozens of different policy strategies that have been introduced nationally. The White House Task Force Report lists over 70 recommendations. One critical role of the Council will be to sift through this information and strategically choose appropriate measures for Connecticut based on our needs and resources.